

5 - Teunis Romein

| | | | | |
|---|--|--------------------------------------|--|--|
| 1. PLACE OF DEATH. County of <u>Kankakee</u> | | Registration Dist. No. <u>465</u> | 23780 STATE OF ILLINOIS HENRY HORNER, Governor COUNTY CLERK'S RECORD Department of Public Health—Division of Vital Statistics | |
| <u>Mane Japs.</u> <small>(*Village *Township) Primary (*City *Road Dist.) Dist. No. <u>6 P 97</u></small> <small>(Cancel the three terms not applicable—Do not enter "R.R.", "R.F.D.", or other P. O. address.)</small> | | | | |
| Street and Number, No. | | St. | Ward, | Registered No. <u>15</u> — (Consecutive No.) Hospital |
| (If death occurred in a hospital or institution, give its NAME instead of street and number.) | | | | |
| LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. mos. ds. | | | | |
| 2. PLACE OF RESIDENCE: STATE <u>Illinois</u> County <u>Kankakee</u> Township <u>St. Anne</u> Road Dist. (Usual place of abode) City or Village. | | | | |
| Street and Number. | | | | |
| 19. LIST NO. | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | |
| 20. Date of death: Month <u>August</u> day <u>17</u> year <u>1941</u> hour <u>8:00 PM</u> minute <u></u> | | | | |
| 21. I hereby certify that I attended the deceased from <u>Sept</u> 1941, to <u>Aug. 17</u> , 1941; that I last saw him alive on <u>Aug. 10</u> , 1941; and that death occurred on the date and hour stated above. | | | | |
| 22. Immediate cause of death. <u>Cordiac Defeat</u> Duration <u></u> | | | | |
| Due to. <u>Hypertension</u> <u>Osteosclerotic Nephritis</u> | | | | |
| Due to. | | | | |
| Other conditions. (Include pregnancy within 3 months of death) | | | | |
| 23. Was an operation performed? <u>No</u> Date of. | | | | |
| For what disease or injury? | | | | |
| Was there an autopsy? <u>No</u> | | | | |
| Findings? | | | | |
| 24. If a communicable disease; where contracted? | | | | |
| Was disease in any way related to occupation of deceased? <u>No</u> | | | | |
| If so, specify how: | | | | |
| 25. (Signed) <u>P. L. Benjamin</u> M.D. Address. <u>St. Anne Ill.</u> Date. <u>7-18-41</u> 19..... Telephone <u>23</u> | | | | |
| <small>*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.</small> | | | | |
| 26. Filed. <u>August 18, 1941</u> C. L. Martin Registrar. | | | | |
| P. O. Address. <u>St. Anne Ill.</u> | | | | |
| 18. Funeral director. <u>J. R. Haas</u> (personal signature with pen and ink) | | ADDRESS <u>St. Anne Ill.</u> | | |
| (firm name, if any) | | | | |